2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/1!

FILED Apr 30, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # L03000035596 1. Entity Name NEXT GENERATION SOUTHEAST, LLC					Secretary of State 04-19-2004 90040 033 ****50.00		
Surie, Apri. P. etc. Surie, Apri. P. etc. Surie, Apri. P. etc. Surie, Apri. P. etc. ACCUPANCE ACCUPANCE ACCUPANCE Accurate Accu	2515 DINNEI ORLANDO F	EN AVE.	P.O. BOX 547635 ORLANDO FL 32854-7	P.O. BOX 547635 ORLANDO FL 32854-7635			34/60 400 140 00 50 400) // Nama
A. FEI Number 5 / 2 2 6 27 5 Applied For Not Applicated Applied For Appli	2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address			Marina Marina Marina Marina Marina	
S. Outrie and Address of Current Registered Agent	Suite, Apt, #, etc.		Suite, Apt. #, etc.			<u> </u>		
S. Nerma and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name and Address Net Acceptable) 1. Only 1. The Address of Registered Agent 1. New Registered Agent	City & State	3	City & State		4. FEI Number 54-212		ot Applicable	
LAWTON, DAVID B 25 15 DINNEEN AVE ORLANDO FL 32804 City FL Zip Code City FL Zip Co	Zip	Country	Zip	Zip Country			Fee Require	
Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current Registered Agent				7. Name and Address of New	r Registered Agent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiter with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	2515	5 DINNEEN AVE			Street Address ((P.O. Box Number is Not Accepta		da da
the obligations of registered agent. SIGNATURE Common Proceedings Proceedings Process Process							FL	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRIM	the obligati	ions of registered agent.	nt and tride if applicable. (NOT	TE: Registered	d Agent signature require	od when reinstaking)		
TITLE MARK LAWTON, DAVID B LAWTON, DAVID B STREET ADDRESS CITY-ST-2P ORLANDO FL 32804 TITLE MARK LAWTON, LARRY L STREET ADDRESS CITY-ST-2P TITLE LAWTON, LARRY L STREET ADDRESS CITY-ST-2P TITLE LAWTON, LARRY L STREET ADDRESS CITY-ST-2P TITLE LAWTON STREET ADDRESS CITY-ST-2P TITLE L			Du	ю By Ma				
NAME SIRRET ADDRESS CITY-ST-2P CRLANDO FL 32804 TITLE MGRM LAWTON, LARRY L STRET ADDRESS CITY-ST-2P CRLANDO FL 32804 TITLE MAKE SIRRET ADDRESS CITY-ST-2P CITY-ST-2					-	ADDITION		- Addition
TITLE MANE LAWTON, LARRY L MANE LAWTON, LARRY L STREET ADDRESS 2515 DINNEEN AVE STREET ADDRESS 2515 DINNEEN AVE STREET ADDRESS CITY-57-2P CITY-	HAME STREET ADDRESS	LAWTON, DAVID B 2515 DINNEEN AVE	L.) Delete	nami Stre	EET ADDRESS		Linkanie	(_) ADGRIGH
TITLE	NAME STREET ADDRESS	MGRM LAWTON, LARRY L 2515 DINNEEN AVE	Delete	MAM Stre	NE EET ADORESS		☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS		☐ Delete	NAM STRE	AE EET ADORESS		☐ Change	Addition
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	indicated limited lia	d on this report is true and accurate an ability company or the receiver or trust	nd that my signature shall have tee empowered to execute this	e the sam is report a	ne legal effect as it is required by Cha-	made under oath; that I am a ma opter 608, Florida Stalutes.	anaging member or manag	ger or the